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### FACSIMILE TRANSMITTAL SHEET

DATE: June 5, 2006  
TO: USPTO General Facsimile Center  
FROM: Christina Dueñas, Paralegal  
Catalyst Law Group, APC  
Re: Power of Attorney and Correspondence Address Indication Form  
FAX NO: (571) 273-8300

No. Pages Including Fax Cover Sheet: 12

#### COMMENTS:

Dear USPTO,

Please find attached the two Power of Attorney documents appointing Catalyst Law Group, APC as the attorneys of record for the Patent Application Serial No. 10/574,054.

Thank you, and if you have any questions, feel free to contact our office.

Regards,

Christina Dueñas

PLEASE CONTACT THIS OFFICE IMMEDIATELY IF THIS TRANSMISSION IS INCOMPLETE OR UNCLEAR AT (858) 450-0099.

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE. THANK YOU.

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PTO/SB/81 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035  
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/574,054
Filing Date	March 29, 2006
First Named Inventor	SHUE, YOUNG-KONG
Title	Treatment of a Condition in a...
Art Unit	td
Examiner Name	td
Attorney Docket Number	8024-011-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

32301

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

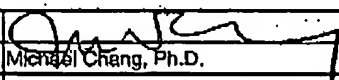
Country

Telephone

Email

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	4/28/06
Name	Michael Chang, Ph.D.	Telephone	858-909-0736
Title and Company	President and CEO, Optimer Pharmaceuticals, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.